

Mental Welfare Commission for Scotland

Report on announced visit to: HMP Kilmarnock, Mauchline Road, Kilmarnock, Ayrshire KA1 5AA

Date of visit: 20 March 2018

Where we visited

HMP Kilmarnock is a fifty cell prison, facilitated by Serco group PLC (Serco) on behalf of the Scottish Prison Service (SPS) under a contract with Scottish Ministers.

HMP Kilmarnock is a local receiving establishment, primarily taking prisoners from the sheriff courts of Ayr and Kilmarnock. The prison houses both remand and convicted male offenders for sentences up to four years. We last visited this prison on 2 March 2016 and made recommendations relating to visiting psychiatry arrangements, review, care planning and the physical environment.

On this visit we wanted to follow up on these recommendations and find out about the current mental health services being offered to prisoners. We also wanted to speak to prisoners receiving mental health support and hear about their views on their mental health care whilst in HMP Kilmarnock.

Who we met with

We spoke to eleven prisoners and reviewed their mental health records. We also met with the senior operations manager, clinical team leader (mental health), charge nurse (mental health), the psychiatrist, the psychiatric trainee and one of the four general practitioners who hold surgeries within the prison.

Commission visitors

Moira Healy, Social Work Officer and visit coordinator

Margo Fyfe, Nursing Officer

Paul Noyes, Social Work Officer

What people told us and what we found

Care, treatment, support and participation

The HMP Kilmarnock health centre mental health team, has a clinical team leader for mental health and six full-time mental health nurses. We were told that there have been two recently vacated posts, which have been filled, and newly appointed workers will be joining the team imminently.

Mental health nurses are involved in the prisoner reception/admission process so they are able to identify, at an early stage, if a new prisoner needed the support from the mental health team.

There were no nurses with specific learning disability training. We were informed that if there were specific issues in relation to this area of expertise, support would be sought from the local specialist learning disability community teams.

Most of the prisoners we met with spoke highly of the contact they had with individual nurses within the mental health team.

We observed good working links between health centre staff and other prison staff. We were told that there is soon to be a dedicated prison officer team attached to the health centre and we are looking forward to hearing about the success of this venture in the future.

Forensic psychiatric input to the prison is provided by a psychiatrist from Ailsa Hospital who works there for two half day sessions each week. In addition to seeing prisoners and attending multi-disciplinary team meetings, she also carries out mental health awareness training to prison officers. We were told that this has been helpful for them and has also resulted in improved referrals from prison officers to mental health care staff. The audit tool implemented and reviewed since our last report, reflects that there is no longer a waiting list to see the psychiatrist. There is a waiting time of between four and six weeks for non-urgent referrals.

The lack of communication regarding the cancelling of and rescheduling of appointments which was highlighted in the last report appears to have been addressed. We were told that on the halls, each prisoner can access an electronic system which informs them of scheduled appointments. This will also inform them of cancelled visits. As long as prisoners log onto their health care account, they will be made aware of these.

Most prisoners we met with had a good understanding of how to access the mental health team although some said they had experienced a delay in accessing support. We were told that anyone can be seen in an emergency and that there is an audit system with regard to waiting times which are monitored on a monthly basis. There did not appear to be an excessive waiting time between referral and appointment.

One prisoner spoke about self-referrals being complicated and from his perspective, a good deal of information was required to justify his perceived need to see a mental health nurse. He found this to be a barrier. The self-referral system could be overly complicated for some people, particularly if that person lacks literacy skills or is unable to understand what is causing them distress. We asked the mental health team to review their system for self-referrals.

We were disappointed to find that there is still no clinical psychology input in the prison. The role of clinical psychology within this setting would not only provide one-to-one time with prisoners, but would also work with and supervise mental health nurses to provide low intensity interventions. Currently no low level psychological interventions are carried out by the mental health team. The lack of therapeutic interventions was a recommendation in our last report.

We were told that there is now a mental health awareness group involving prisoners working on coping strategies. We were told that this has taken a long time to get

established and the mental health nurses are disappointed by the low take up from prisoners. We raised this with a number of prisoners we met with who told us that they would find it difficult to speak in an open group with other prisoners about their mental health difficulties. We will be interested to hear how this project moves forward.

Prisoners who were experiencing anxiety were often given written self-help information or told to write a thought diary to manage their anxiety. This was viewed as being of limited value by the prisoners we spoke with who may struggle with literacy and need support to understand the purpose of what was being offered to them. Prisoners we met were clear that they wanted the opportunity to talk to mental health professionals.

Recommendation 1:

NHS Ayrshire and Arran managers should review the provision of psychology and psychological therapies for the prison population at HMP Kilmarnock.

We reviewed the clinical notes of those we interviewed and there was a clear record of individual contacts and mental health assessments. However, care planning was lacking in detail and follow up care planning was minimal. This was a recommendation in our last report.

Recommendation 2:

Mental health clinical manager should review care plans and in particular the focus on individual interventions.

From our last visit we were aware that there were no interview facilities available on the wings and that the accommodation restraints within the health care centre were problematic. We were pleased to see evidence of alterations taking place on the day of the visit. The plan is to expand the therapeutic space available for both individual and group work within the health care setting.

When a prisoner has an appointment with the psychiatrist or mental health nurse they are escorted down to the health centre by a prison officer. This can result in cancelled appointments if there are no prison officers available to do this. We were pleased to hear that there are plans to recruit five dedicated prison officer posts who will be attached to the health centre to facilitate these arrangements

Summary of recommendations

1. NHS Ayrshire and Arran managers should review the provision of psychology and psychological therapies for the prison population at HMP Kilmarnock.
2. Mental health clinical manager should review care plans and in particular the focus on individual interventions.

Service response to recommendations

The Commission requires a response to these recommendations within three months of the date of this report. As these recommendations were also made in our last report, a copy of this report will also be sent to Thelma Bowers, Head of Mental Health Services, North Ayrshire.

A copy of this report will be sent for information to HM Inspectorate of Prisons

Mike Diamond
Executive Director (Social Work)

About the Mental Welfare Commission and our local visits

The Commission's key role is to protect and promote the human rights of people with mental illness, learning disabilities, dementia and related conditions.

The Commission visits people in a variety of settings.

The MWC is part of the UK National Preventive Mechanism, which ensures the UK fulfils its obligations under UN treaties to monitor places where people are detained, prevent ill-treatment, and ensure detention is consistent with international standards

When we visit:

- We find out whether individual care, treatment and support is in line with the law and good practice.
- We challenge service providers to deliver best practice in mental health, dementia and learning disability care.
- We follow up on individual cases where we have concerns, and we may investigate further.
- We provide information, advice and guidance to people we meet with.

Where we visit a group of people in a hospital, care home or prison service; we call this a local visit. The visit can be announced or unannounced.

In addition to meeting with people who use the service we speak to staff and visitors. Before we visit, we look at information that is publicly available about the service from a variety of sources including Care Inspectorate reports, Healthcare Improvement Scotland inspection reports and Her Majesty's Inspectorate of Prisons inspection reports.

We also look at information we have received from other sources, including telephone calls to the Commission, reports of incidents to the Commission, information from callers to our telephone advice line and other sources.

Our local visits are not inspections: our report details our findings from the day we visited. Although there are often particular things we want to talk about and look at when we visit, our main source of information on the visit day is from the people who use the service, their carers, staff, our review of the care records and our impressions about the physical environment.

When we make recommendations, we expect a response to them within three months (unless we feel the recommendations require an earlier response).

We may choose to return to the service on an announced or unannounced basis. How often we do this will depend on our findings, the response to any recommendations from the visit and other information we receive after the visit.

Further information and frequently asked questions about our local visits can be found on our website.

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